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ways doesn't make one any the less womanly. The all-around woman can devote the entire morning to turning over the soil in her garden with a spade and the afternoon to swinging in a hammock, reading fiction or science, with equal interest. It behooves nurses to be modern, original, diplomatic, and adaptable. Not all the days are full of sunshine; necessarily there are times when rain begins to fall; the lightning peals; the thunder rolls, it's a storm. When the storm is over, the village children may be seen on the street, wading in the puddles, and exclaiming with delight at the sight of God's beautiful covenant—the rainbow. Or, instead of the rushing shower, it may develop into a settled rain, lasting several days. Then the farmers, too busy on fair days, come to the general store nearby, either to do their trading or to get the neighborhood views on various topics. A wide porch runs along two sides of the store, the furniture of which consists of benches, old chairs and empty boxes. Here these sons of the soil talk over local events, and discuss the doings of the outside world, with a greater degree of intelligence than the outside world usually gives them credit for. Most of them take daily papers which they read with interest, so, although their hats are slouchy, their faces not always shaven, their coats not of the latest cut, their overalls patched, and their boots bearing evidence of a recent tramp through plowed earth, they are capable of agreeably surprising one who converses with them. What if they do speak an English which is more picturesque than grammatical? Their hearts are in the right places and their horny hands are ever ready to give a gentle lift to any deserving one.

It is all so very charming, interesting and restful, that I don't believe any nurse who makes the venture will ever regret it.

PRIVATE DUTY NURSING¹

BY JEANNETTE McCLELLAN, R.N.

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Your supervisor has asked me this evening to try and tell you a little about my experiences as a private nurse. It seems to me that my experiences have all been most matter-of-fact and common-place, but I will try to give you some little idea of what is before you. You are going to live intimately in the private family life of a variety of people. You will be expected to be almost anything from a bottle-washer to superintendent-in-chief. I can remember one of

¹ Read to the senior class of pupil nurses at the Methodist Episcopal Hospital, Brooklyn, N. Y., 1914.

my very first cases. I had just graduated and was very scared and very anxious to please. The family consisted of father, mother, aunt, three children, nurse girl and cook. The mother was taken ill. In fact she had a miscarriage. From the first instant of my arrival I was installed as housekeeper. Also, it was early summer, just as the family were thinking of going away. Many things were requested of me; wouldn't I pack four large trunks, ship aunt, children and servants to the summer cottage; after they were gone, wouldn't I cook for father, mother and myself and any relative who dropped in. Incidentally I was to take care of my patient. I smile now as I think of doing all those things. I never would go back to that family but I did make good with the doctor. Even this winter I had a case where it was necessary for me to do a good many things outside of the actual care of my patient.

When first leaving the hospital I felt I must have a quantity of clean linen for my patient; clean sheets and pillow-cases every day and lots of towels. I shiver now when I think of some of the heavy washes that must have ensued. Laundry in the private home is a big item and it is a nurse's part to help keep it as small as possible. Of course with some very sick cases it is absolutely necessary to have frequent changes of linen. Recently, on going to a case, the family consisting of father, mother and three children, one family towel and one wash-cloth were in use for five people. I did manage to find two clean towels, one for my patient and one for myself and I hid those towels carefully; they were precious. No clean towel was to be had in that family every time you washed your hands. Then a year ago, when caring for a ten-months'-old baby ill with pneumonia, I asked for a clean shirt so that I could wash out the one the child was wearing. The mother had to go out and buy a shirt to supply my large demand. These, of course, are very exceptional cases but I just mention them to emphasize the fact that in private houses we do not find a hospital largeness of supplies. Again you will go into sumptuous homes with lots of beautiful linen and plenty of servants and you will enjoy that. Even then you will find getting along smoothly with the servants is not always easy and the nurse who upsets the domestic machinery is not popular or likely to be called a second time.

A graduate nurse is considered by most people a very great luxury; not for what they pay her, hardly anyone begrudges her her well-earned money and moreover very rarely does she have to wait for that money, but because she is apt to demand a good many extra things. The druggist bill sometimes grows to startling proportions. For instance if you need sterile gauze, instead of sending to the druggist and paying

ten or fifteen cents a yard, telephone to a department store, get surgical gauze at five cents a yard and sterilize it yourself. If you think you must have a pus-basin and do not carry one yourself, look around the house for a substitute. The under part of a soap dish may do or you are likely to find something in the kitchen. Because a house is well and prettily furnished don't make the mistake of thinking that the people have unlimited means. The nurse who demands least is apt to be in demand the most.

Unless a patient is very sick and the doctor has left a long list of orders to be carried out immediately, try to become a little acquainted before you start in any active work. In other words, get the lay of the land. This especially applies with children. Unless you can gain a child's confidence, and let it get a little accustomed to you, you will have a hard time. A child, frightened at the beginning, rarely gets over it. Children, as patients, are my preference and with them a little ingenuity and coaxing goes a great deal further than force. Last winter a dear little chap of three simply refused to hear his mother or myself if he did not want to take anything. He did not cry, he placidly lay and looked at the ceiling or wall and just did not hear us. I found that his weakness was orange juice, so every morning I squeezed out the juice of one orange and kept it on hand as flavoring. When anything was due, I suggested, "Brother, let's have a nice drink of orange juice." He never refused, although if he had been older he would have imagined that that orange juice had queer flavors. The main factor towards success, whether your patients be young or old, is to have them feel that you have a personal interest in them and that you are willing to do anything for them as individuals, not as cases or merely to gain your salary.

The most trying condition a private nurse has to meet is generally the interference of the patient's family. They, the relatives, are so worried and wrought up by the condition of their loved one, that until you have been fully tried by their standards they are apt to be watchful and suspicious. I always encouraged the family to come freely in and out of the sick-room, to sit there if they like, to watch me closely and I try to explain as I go along. The only thing I enjoin is quiet and very soon they are satisfied. The husband or the wife or the mother is so apt to say, "But nurse, what do you think!" Then beware, be very ware. Never think anything but of the most encouraging nature and be sure it is what the doctor wants you to think. Ask him if you are in doubt and in any event, say as little as possible. Stand loyally by your physician. Refuse to listen to criticism of him by the family. I know of a nurse who has done herself incalculable harm because on a long and tedious case she allowed criticisms to arise and she even ventured to

wish he would try another line of treatment. This of course was promptly carried to the doctor and he never employed that nurse again. As the Good Book tells us, "Be as wise as serpents and as harmless as doves."

Just once in my eleven years' experience have I had to choose between a patient and a doctor. It was in the country and miles from anywhere. I was the second nurse. The doctor and family were strangers to me. The patient, a young woman of twenty, was dying with tubercular meningitis. For some reason the doctor and family had a serious disagreement, I think it was over the calling of a second physician in consultation and he, the doctor, promptly departed taking chart, medicine and the other nurse with him. I simply could not leave that dying woman, when I saw as I did, that she would be absolutely without care. The doctor friend who came to my rescue said I had done right. In the presence of critical illness, if the patient is going to suffer, we have no right to allow personal feelings to enter into the situation.

Another country experience had a happier ending. A friend's little boy of four was thrown from a wagon, the back wheel passing over his abdomen. I, being but two farms away, was most quickly available. When I responded to their frantic call I found the little fellow in a bad state of collapse. There seemed little to do but keep him wrapped in blankets and heat applied to his feet. If he were bleeding internally as I feared, stimulation would have been very bad. A hot water bag was forthcoming, but if it had not been, a heated iron or hot water in a Mason jar would have done as well to place at his feet. We waited four horrible hours for the doctor and then three hours longer for a surgeon from the city but the little fellow lives and is well today. In the long wait, what kept him quiet and from crying was a little live chicken. He wanted it to put in his pocket. Being spring and on a farm, his wish was easily granted and that little martyr chicken certainly helped to save the youngster's life. He was so happy to have it. Of course in the city, with the telephone at hand and not such great distances for a doctor to cover, a nurse can quickly get help in an emergency but even then, if your patient is very ill, it is well to ask the doctor what may unexpectedly happen and be prepared: as for instance, with a typhoid case, a bad hemorrhage from the bowel. With a typhoid case of mine, in the early stages, the patient had a terrible hemorrhage from the nose, but fortunately the doctor was in the house at the time.

As our adult patients reach convalescence and want to be entertained, they become very curious as to our nursing experiences. Again beware. Never tell any but your pleasantest experiences, the nicest things you can say of people. Never criticize a patient you have had

before for then the patient you are entertaining will remember you with pleasure and will never be afraid that you will carry tales from his house. Never tell a patient anything at all gruesome. Several times I have been told, "Yes, Miss Blank took care of me, she was nice but she told me such awful tales. It made me so nervous." What will surprise you will be the mildness of some of those tales. Don't ever be like the little old lady who called on my chum. My friend was expecting her first baby. The old lady came in sadly, shook her head and said, "If you live and the baby lives, you will have a great deal to be thankful for." A saving sense of humor prevented my friend from being troubled and it is this same sense of humor that will help a nurse over many a hard place. Sometimes the joke is on the nurse and it may be a long time before she can laugh about it. A nurse friend of mine, the first night of a certain case, went down stairs about midnight to make her patient a cup of cocoa. She had only the fitful light from the street lamps to guide her to and from the kitchen. The descent was made without a mishap. The cocoa was made, the kitchen light extinguished and she started back for the front stairs, going through the dining-room. Imagine her horror to hear a sudden "Hist" and to feel a sharp pinch on her arm. She never told me what happened next but her fright was caused by the pet parrot near whose cage she had unfortunately passed. I assure you, I always carry a light when I go down stairs at night in a strange house.

Most people are very considerate and are glad to have you arrange so that you do not have to go prowling around. A little gas stove or an alcohol lamp, ice in a basin covered with a rug or a large bath towel to keep it from melting; little things like these save our steps at night.

An incident that happened to me has always entertained my family. After a particularly strenuous fall I went south with a little old lady and gentleman. Both were well but were nervous about going away alone. He said that I was his wife's companion, she said I was her husband's nurse. After we had been in the hotel about twenty-four hours, one of the other guests approached me solicitously and inquired if I had been ill and if my grandparents had brought me there to recuperate. Poor little old people! I hope they never heard that. I never told them.

A private duty nurse's life is not exactly easy but if she goes about her work in a helpful, cheerful spirit, she will find many compensations. Almost all doctors stand by their nurses, almost all patients are considerate and realize that we are but mortal. You will make many warm friends and often feel a warm glow at your heart for work well appreciated.